Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

G003 1011.1

									4 000			
		CLAIMS A	S FILED - PART I (Column 1) (Column 1)			ımn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20			•		RATE	FEE	OR]	RATE	FEE
FOR			NUMBER FILED .		NUME	NUMBER EXTRA		BASIC FEE	 	OR	BASIC FEE	ļ
TOTAL CHARGEABLE CLAIMS			20mir	nus 20=	* 4	-		X\$ 9=		OR	X\$18=	
INE	DEPENDENT C	LAIMS		inus 3 =	* 0		r	X43=		1	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT	·			-		 	OR		
* If	the difference	a in column 1 is	less than zero, enter "0" in column 2			solumn 2	L	+145=	<u> </u>	OR	+290=	. 53
" II			•	•				TOTAL		OR	TOTAL	770
	C	(Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				CLAIM			+145=		1 1	+290=	
								+145≈ TOTAL		OR	TOTAL	
		(O=1::=== 4)	ΑC	DDIT. FEE		OR ,	ADDIT. FEE					
	(Column 1) (Colum CLAIMS HIGHE				(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+145= TOTAL		OR	+290= TOTAL	
							AD	DIT. FEE		OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=	
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Proviously Raid For" IN THIS SPACE is less than 20, agest 100."									OP L	TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											